T OF HEALTH AND HUMAN SERVICES
FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

MITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

R: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 2 — 0 9

2. STATE: MICHIGAN

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2002

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 $ -0-
b. FFY 2003 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A page 12a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement to Attachment 3.1-A page 12a

10. SUBJECT OF AMENDMENT:
Nursing facilities - ~~reimbursement~~ per Bill Keller MDCH 6/19/02 11:36 am BTH.

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: James K. Haveman, Jr.

14. TITLE: Director

15. DATE SUBMITTED: 4-3-02

16. RETURN TO:
Michigan Department of Community Health
Federal Liaison Section
6th Floor Lewis Cass Building
320 South Walnut Street
Lansing, Michigan 48913

ATTENTION: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 4/8/02

18. DATE APPROVED: 6/28/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/02 BTH

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate REgional Administratro
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
APR 08 2002
DMCH - MI/MA

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

The following services are excluded from the nursing facility per diem rate:

1. physical therapy, as defined in 1.a. Prior authorization is required.
2. occupational therapy, as defined in 1.a. Prior authorization is required.
3. speech pathology, as defined in 1.a. Prior authorization is required.

In addition, for nursing facilities, county medical care facilities, hospital long term care units, and nursing facilities for the mentally ill, Medicaid will reimburse consistent with the methodology for coordination of Title XIX with Title XVIII as specified in Supplement 1 to Attachment 4.19-B, page 1 of this plan. The services subject to co-insurance and deductible payments, and how to bill the co-insurance and deductible for these services, are listed in the Medicaid Nursing Facility Procedure Code Appendix.

The following services may be covered when billed by county medical care facilities and/or hospital long term care units:

1. oxygen (county medical care facility, hospital long term care unit)
2. pharmacy (hospital long term care unit)